

## CITIZEN REEXAMINATION REPORT

Director  
Department of Motor Vehicles  
Driver Licensing Division  
PO Box 94726  
Lincoln, NE 68509-4726

Dear Director:

As provided for in Nebraska Statute 60-4,118, I request that \_\_\_\_\_  
(Name)

of \_\_\_\_\_, Nebraska  
(Address)

and date of birth \_\_\_\_\_ be recalled for examination for, in my opinion, he or she is not capable of operating a motor vehicle safely over the highways of the State of Nebraska for the following reasons: *(Please give a **detailed explanation** of the reasons for reexamination. i.e. Examples of poor driving behavior that you have personally witnessed or that have been reported to you by a reliable source, and/or known medical conditions that could affect safe driving.)*

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**(All information on this report must be completed in order for it to be accepted)**

I authorize the release of all information related to the citizen reexamination report ☐ Yes ☐ No

\_\_\_\_\_  
Signature of Person Requesting Reexamination

\_\_\_\_\_  
Printed Name.

\_\_\_\_\_  
Relationship to Driver

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Phone Number

**FOR OFFICE USE ONLY:**